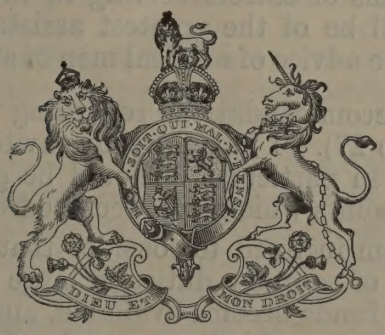
WEST AFRICA.

REPORT OF THE DEPARTMENTAL COMMITTEE ON THE WEST AFRICAN MEDICAL STAFF,

WITH A DESPATCH FROM THE SECRETARY OF STATE FOR THE COLONIES.

Presented to both Houses of Parliament by Command of His Majesty, July, 1909.



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THE SECRETARY OF STATE FOR THE COLONIES TO THE GOVERNORS OF THE GAMBIA, SIERRA LEONE, GOLD COAST, SOUTHERN NIGERIA, AND NORTHERN NIGERIA.

Downing Street,
18th June, 1909.

SIR,

I have the honour to inform you that I have had under my consideration the Report submitted by the Departmental Committee which I appointed to enquire into the duties, organisation, emoluments, and selection of officers of the West African Medical Staff. Copies of the Report are enclosed.

2. I have taken advantage of the presence in this country of Sir John Rodger and Sir Walter Egerton [*to Southern Nigeria* yourself] to discuss certain questions arising out of the Committee's recommendations; and I trust that you will agree with me in the conclusions at which I have arrived.

3. I may say at once that, while I accept, and approve of, the Committee's recommendations as a whole, I think that they require to be modified in some matters of detail. There are other points arising out of those sections of the Report which deal with the organisation and duties and the emoluments of the staff, and the proposals with regard to study leave, on which I should be glad to be furnished with the views of yourself and your medical advisers.

4. I accept in their entirety the Committee's recommendations for the creation of an advisory committee (paragraphs 5 to 11). I think it desirable, however, to point out in explanation of those recommendations, that it was not intended to suggest that at any time more than one retired officer of the staff should be a member of the committee. Such an appointment will only be made when a retired officer can be found who is in every way suitable for appointment to the committee and whose occupations permit him to give regular attendance at its meetings.

5. I attach importance to the proposal in paragraph 11 of the Report, that the advisory committee should be asked to advise the Secretary of State as to the filling of vacancies by promotion in the senior ranks. As you are aware, the present system, by which the officers of the West African Medical Staff are all on one roster for purposes of seniority and promotion, renders it necessary that vacancies in the senior ranks should be filled by direct nomination by the Secretary of State, since this is the only way in which the claims of officers serving in the different Colonies can be properly considered. It will be of the greatest assistance to myself and my successors to be able to obtain the advice of medical men of standing upon such questions.

6. I now turn to the recommendations regarding the duties and organisation of the staff (paragraphs 12 to 27). I have already invited your observations on this section of the Report; and in particular I should be glad if you would take into consideration the following points which have occurred to me.

(1) *Paragraph* 12.—I am inclined to consider that the appointment of special officers for the performance of sanitary duties in large towns should be carried out by degrees, as the necessary funds become available, and as experience shows which are the towns at which they are chiefly required. It would, in my opinion, be desirable to proceed, in the first instance, with the appointment of the senior sanitary officers to whom reference is made in the latter part of the twelfth and in the thirteenth paragraph.

(2) I think that it should be clearly laid down that the sanitary officers are to be subordinate to the Principal Medical Officer as the head of the medical department; but that the senior sanitary officer should be regarded as the Principal Medical Officer's chief assistant in sanitary matters, and should have power to issue instructions on sanitary questions to the district medical officers.

(3) *Paragraph* 14.—It appears to me that there is practically no difference between the Board recommended by Professor Simpson in the memorandum appended to the Report and the informal consultative body recommended by the Committee. I am inclined to think that there are certain advantages to be obtained by formally

constituting the Board suggested by Professor Simpson as an advisory body, since it would ensure the thorough examination of important schemes, and would no doubt relieve the Governor of much of the labour necessitated by a consideration of such schemes.

(4) *Paragraphs* 19 *and* 20.—I am unable to accept the Committee's proposals without some modification. Sufficient weight does not seem to have been given to the position of the administrative officers in charge of districts; and, while I agree with the Committee in thinking that criticisms on a medical officer's performance of his duties should be made to that officer's departmental superior, I cannot but feel that the administrative officer in charge of a district, as the responsible head of the administration in the district, should be in a position to issue instructions direct to the medical officer instead of being required to communicate with him through the senior medical officer or the Principal Medical Officer. I need hardly say that I do not contemplate the possibility of such instructions being given on purely professional matters.

(5) I recognise the desirability of cordial co-operation between the administrative and medical branches of the service; and I am inclined to consider that, in sanitary matters, the system which I understand exists on the Gold Coast might be followed with advantage. Under this system the district commissioner and the medical officer (together with a member of the Public Works Department when one is stationed in the district) form a local sanitary committee. In the event of disagreement the administrative officer in charge of the district must decide as he thinks best, but I trust that such occasions will be rare.

(6) I may observe that I incline to the view that in cases where sanitary improvements can be carried out without causing expenditure in excess of the amount provided for the district in the annual estimates, the senior sanitary officer should be empowered to give directions, with the concurrence of the administrative officer, for the carrying out of such improvements.

(7) *Paragraphs* 21 *and* 22.—So far as I am aware, medical officers, except in the Gold Coast, are seldom called upon to perform other than professional duties. In any case it appears to me that in "bush" stations, where there are but few white officers, and the medical duties are not, as a rule, heavy, medical officers should be prepared to assist in the carrying on of the administration, should necessity arise.

I am inclined to think that it would be an advantage if medical officers in "bush" stations were directed to keep diaries showing how their time is actually occupied, and this suggestion might be considered by the proposed conference of Principal Medical Officers, who, in default of any serious objections, should submit proposals for carrying it into effect. I am strongly of opinion that medical officers should be instructed, as part of their ordinary duty, to travel round their districts with a view to inspecting and to giving advice on matters of sanitation and public health. The extent to which they should be required or encouraged to give attendance, gratuitous or otherwise, to natives is a question on which I should be glad of an expression of your views after reference to the conference of Principal Medical Officers.

(8) *Paragraph* 23.—It has been pointed out to me that a medical officer who acts for the administrative officer while the latter is on tour in the district does not perform all the duties of the post, and is not entitled to duty pay as he would be if the administrative officer were absent from the district. I suggest for your consideration that in such cases the medical officer might be granted an allowance at the rate of 2s. 6d. per day. In the Protectorate of Sierra Leone I understand that an allowance at this rate is already granted to a medical officer who acts for a District Commissioner on tour in the district, and this seems to me to meet the case.

(9) In this connection I desire to say that in my opinion the administrative duties performed by a medical officer should not comprise those which require special administrative training and experience. For example, I consider that as far as possible medical officers should not be called upon to hear cases in court, a duty for which they have had no training. During the absence on tour of the administrative officer it would, I think, be desirable to entrust to the medical officer only duties of a more formal and routine nature or work which cannot wait for the return of the district officer to headquarters.

(10) I am not altogether in accord with the Committee's recommendations regarding the votes for drugs (paragraph 24). I think that the advisory com-

1,000.—Wt. L. 3449. 7/09. J. T. & S.

mittee of whose appointment I have approved might properly be charged with the duty of drawing up a list of necessary drugs to which the Committee's recommendations should apply; and if this suggestion is agreed to, it will be for the conference of Principal Medical Officers to take in hand the preparation of a list to be submitted to the advisory committee. It is a question how far any special drug for which a medical officer may have a preference should be supplied at the public expense.

(11) The question of the appointment of the Principal Medical Officer to be *ex officio* a member of the Legislative and Executive Councils (paragraph 27) is one of some difficulty, and cannot be decided without reference to other considerations. I propose to address you in a separate despatch upon this subject.

7. I have but few remarks to make upon the question of the emoluments of the staff. I accept generally the Committee's recommendations, and I consider that the new scales of salary proposed should come into force at an early date: if possible, the 1st of January next. I am of opinion, however, that the scale should not be applied retrospectively. All medical officers who have served for five years and are recommended for promotion to the higher grade should, on the coming into force of the scale, commence to draw salary at the rate of £525 a year.

8. It will not be possible to require all existing medical officers who are forthwith put on the higher grade of pay to take the special course of study on their next leave. The course has not yet been established, and the exigencies of the service would prevent the necessary leave arrangements being made in the case of so many officers at once. It may be possible in special individual cases to accept courses of special study which have already been taken by officers as satisfactory substitutes for the special course recommended by the Committee, and I should be glad to be furnished with your views on this subject. But otherwise it must be understood that existing officers are only placed on the higher grade of pay subject to their undertaking the special course of study, if and when they are required to do so, and obtaining satisfactory certificates.

9. The proposal that medical officers and senior medical officers of the higher grade, should be called "1st Class Medical Officers" and "1st Class Senior Medical Officers" does not commend itself to me. I am disposed to think, subject to any observations which you may wish to make, that it will not be necessary to institute distinctive appellations for such officers. I should add with regard to paragraph 33 of the Report, that the senior medical officers who may be placed in charge of the Eastern and Central Provinces of Southern Nigeria, Ashanti, and the Northern Territories of the Gold Coast, should be regarded as being definitely appointed to those posts.

10. While I am prepared to accept the proposal that deputy Principal Medical Officers should be granted salary at the rate of £800 a year, rising by annual increments of £25 to £900 a year, I suggest for your consideration that they should no longer be allowed the right of private practice. It is desirable that the officer who necessarily acts for the Principal Medical Officer during that officer's absence on leave, should be able to devote as much time as possible to the responsible administrative duties entrusted to him.

11. I am inclined to think that, in making the recommendation that duty pay should be given to all Principal Medical Officers which is embodied in paragraph 36 of their Report, the Committee have not given sufficient weight to the variations in practice with regard to duty pay and other emoluments, and the comparative importance of the medical and other departments, in the different Colonies. I am not convinced that it is necessary, or even desirable, that the Principal Medical Officers should all receive the same emoluments; but I shall be glad to consider any recommendations which you may have to make upon the subject.

12. It has been suggested to me in connection with paragraph 37 of the Report that, since medical officers are permitted to leave the service after nine years with a gratuity of £1,000, it would be desirable that the Government should be in the position to call upon an officer to retire with his gratuity at the end of nine years, when such a course appears to be desirable. I see no objection to this proposal, but I shall be glad to receive your observations with regard to it.

13. I am desirous of learning whether the warning regarding private practice which it is proposed in paragraph 39 to insert in the pamphlet of information for candidates meets with your approval.

14. If, as I trust, you are prepared to accept the proposals made for the creation of a staff of sanitary officers, I should wish to be acquainted with the names of those officers whom you consider qualified for such appointments. I have no doubt that there will be found in the West African Medical Staff a more than sufficient number of candidates who are well suited for promotion to the seven appointments proposed.

15. I agree with the Committee in thinking that the question of the employment of natives of West Africa should be referred to the proposed conference of Principal Medical Officers.

16. I have indicated the points in which I think that the Committee's recommendations should perhaps be modified, and on which I particularly invite an expression of your views: but I need hardly say that I shall welcome your opinion on any other question which has been raised in this Report.

17. I shall address you in another despatch in regard to the holding of the first conference of Principal Medical Officers, which I think should take place at an early date.

I have, &c.,

CREWE.

REPORT of the DEPARTMENTAL COMMITTEE appointed by the Secretary of State for the Colonies to enquire into the West African Medical Staff.

Mr. H. J. READ, C.M.G. (Colonial Office), *Chairman.*

Mr. T. THOMSON, C.M.G., M.D. (Local Government Board).

Mr. W. H. LANGLEY, C.M.G., F.R.C.S.I. (Principal Medical Officer, Gold Coast).

Mr. J. K. FOWLER, M.A., M.D., D.Sc. (late Dean of the Faculty of Medicine, University of London; Senior Physician, Middlesex Hospital).

Mr. A. FIDDIAN (Colonial Office).

Mr. H. C. W. VERNEY (Colonial Office).

Mr. J. R. W. ROBINSON (Colonial Office), *Secretary.*

REPORT.

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1. The Committee met on the 19th of November, 1908, to consider their terms of reference, which were as follows:—

Generally to inquire into the recruitment, duties, organisation, and emoluments of the West African Medical Staff.

More particularly to consider in connexion with

I. *Recruitment.*

(*a*) Whether medical men should be admitted to the Staff by competitive examination, or whether the present system of admission by nomination should be retained: if the latter,

(*b*) Whether any modification of the present system is desirable; and

(*c*) Whether the notice of medical men should be drawn to vacancies in the Staff by advertising such vacancies.

II. *Duties and Organisation.*

(*a*) The possibility and desirability of distinguishing between the medical and sanitary duties of the Staff.

(*b*) The establishment of a separate Staff, or branch of the West African Medical Staff, to deal with questions of sanitation.

(*c*) The creation in the West African Colonies and Protectorates of Boards of Health, or other bodies, to advise the Government on matters connected with public health and sanitation.

(*d*) Whether a Director-General of the West African Medical Staff should be appointed; and if so, what should be the conditions of the appointment.

(*e*) The existing relations of the Staff to the Executive Government and its Officers, and the official status and position of the Principal Medical Officer in each Colony.

III. *Emoluments.*

Whether the existing rates of salary in the various ranks of the Staff are adequate, or whether they should be altered in any way.

IV. *Study Leave.*

The Committee should consider the existing arrangements with regard to the grant of leave to members of the Staff for purposes of study, and, generally, the provision of facilities for scientific research, including the question of creating special posts for this purpose.

V *Advisory Committee.*

The Committee should also report upon the question of establishing, in connexion with the East and West African Section of the Colonial Office, a Committee of Advice on medical and sanitary questions, and the manner in which the Committee, if created, should be constituted.

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2. The Committee came to the conclusion that their report upon certain of the questions raised in the first four sections must depend, in part, on the view taken with regard to the establishment, in connexion with the East and West African divisions of the Colonial office, of a Committee of Advice on medical and sanitary questions; and that the question of any modification of the existing system of recruitment would be affected by the answers given to the other sections of the terms of reference. They have therefore ventured to place the question of the establishment of an Advisory Committee first, and the questions connected with Recruitment last, in their report.

3. The Committee sat on thirteen occasions to hear evidence from a number of witnesses, whose names are given in Appendix I., from which it will be seen that the views of those interested were fully represented. They desire to express their thanks to these gentlemen for the valuable assistance which their evidence has afforded the Committee in arriving at the conclusions set forth in the following paragraphs. A large quantity of correspondence relative to the West African Medical Staff was also submitted to the Committee by the Colonial Office, including a memorial from Medical Officers serving in Southern Nigeria and the reply made to the memorial by the Secretary of State.

4. The Committee think it desirable to preface their recommendations by stating that the evidence which they have received has satisfied them that Medical Officers should be encouraged to regard service in West Africa as their career. From certain of the documents submitted to them for consideration it is clear that a different view has hitherto been taken. It appears to have been held that the best course was to attract young men for a limited period, making it possible for them to leave West Africa before it was too late to set up in practice in England; and that, if the want of promotion in West Africa induced Medical Officers to retire at the end of nine years with the special gratuity of £1,000, their retirement would tend to the advantage both of the public service and the Medical Officers themselves. The Committee are compelled to dissent from this view. They have learnt that only two officers have retired with the special gratuity referred to above, and that one of these officers has applied for re-employment in the West African Medical Staff; and they understand that, after nine years West African service, a Medical Officer is not well suited for general practice in the United Kingdom. It may further be observed that as a rule the existing members of the Staff, as appears from the evidence taken before the Committee, expect to make the Colonial Medical Service their career. Moreover, the Committee are strongly of opinion that it is not in the best interests of the West African Colonies and Protectorates that men of experience should be removed from the colonial service after so short a period as nine years, of which some six years only have actually been spent in West Africa. They consider that the continued presence of medical men who have been trained in the study of tropical disease, and are fully acquainted with the local conditions, is of the greatest importance, especially with regard to the problems of preventive medicine which exist throughout West Africa. And they wish to point out that the lack of continuity in administration, which is acknowledged to be the chief defect of tropical African Government, will tend to increase, if experienced officers are encouraged to retire early.

The Committee have therefore based their report upon the hypothesis that it is desirable to encourage Medical Officers to make the West African service their permanent career.

5. To the questions contained in the terms of reference the Committee submit the following replies:—

I.—ADVISORY COMMITTEE.

"The Committee should also report upon the question of establishing, in connexion with the East and West African Section of the Colonial Office, a Committee of Advice on medical and sanitary questions, and the manner in which the Committee, if created, should be constituted."

From the evidence given on this subject it appears that there is a general consensus of opinion in favour of the constitution of an Advisory Committee. It is true that some of the witnesses, especially those who are members of the West African Medical Staff, expressed a preference for the appointment of a Director-General or an Inspector-General; but even those witnesses were of opinion that, failing the creation of such a post, the appointment of a Committee would be advantageous to the public service and to individual officers. The Committee share this view; they conceive that an Advisory Committee would enable the Colonial Office to maintain closer relations with the medical profession, and with medical science; and that it would thus be easier to obtain recruits for the Colonial Medical Service from those who have recently qualified as medical practitioners. The Advisory Committee would also be of great assistance in forming a link between the Colonial Office and the agencies, such as the Schools of Tropical Medicine and University Appointments Boards, which at present are the chief extraneous bodies through whom candidates for medical appointments are obtained.

6. Still more important assistance would be rendered by the Advisory Committee in that it would form a body capable of offering expert advice on questions connected with tropical medicine and hygiene. At the present time, the Colonial Office appears to be somewhat at a loss for such expert advice. Sir Patrick Manson has always been willing to undertake the task, although it does not strictly fall within the sphere of his duties as one of the medical advisers to the Colonial Office; and assistance is given in some matters by the Sub-Committee of the Tropical Diseases Research Fund Advisory Committee, which, however, is not constituted for such a purpose. Some years ago the salary of the Medical Officer of the Local Government Board was increased in return for his advising the Colonial Office and Foreign Office on questions of public health, and attending Continental conferences upon medical subjects, when requested to do so by the Foreign or Colonial Secretaries. But hitherto, so far as the Colonial Office is concerned, recourse has been had to his services mainly in connexion with matters of international interest.

The Committee therefore recommend that an Advisory Committee be created; and they see no difficulty, in view of the similarity of the problems involved, in extending its functions to East, as well as West, Africa. Whether the functions of such a Committee should include the tendering of advice on medical and sanitary questions in colonies other than East or West Africa, does not fall within the terms of reference to the Committee. But they are inclined to think that such an extension of the Advisory Committee's duties deserves serious consideration.

7. As regards the constitution of the Advisory Committee, they are of opinion that it should be as small as is consistent with ability to deal satisfactorily with every class of problem on which its advice might be sought. They suggest that two members of the Colonial Office staff (for West and East Africa respectively), should be appointed, and that one of these representatives should be Chairman of the Committee. With a view to the objects stated in paragraphs 5 and 6, it is regarded as desirable that the other members of the Advisory Committee should be chosen for their acquaintance with special branches of medical knowledge. Thus expert knowledge of tropical medical research, and of tropical hygiene, should each be represented by a member of the Committee. It would also be advantageous that a medical man who is intimately acquainted with hygiene and sanitary administration in this country, and a member whose ability and experience would enable him to speak with authority on general medical science and practice in the United Kingdom, should be included in the Committee.

8. The question whether an officer possessing local experience should be appointed has been very fully discussed. The Committee consider it a matter of great importance that a senior officer, possessing personal knowledge of the circumstances of the case, should be available to give evidence before the Advisory Committee when any scheme affecting the colony in which he is serving is under consideration; but they are of opinion that it would not be advisable that any Officer on the active list of West or East Africa should be nominated a member; because, amongst other reasons, it would be undesirable that a Principal Medical Officer should, as a member of the Advisory Committee, be called upon to offer advice upon a scheme of which he may be the author in his capacity as Principal Medical Officer; and because it seems important that the Advisory Committee should represent general, and not particular, interests. They regard it as very desirable that an Officer with local experience should be a member of the Committee; and they think that much of the advantages of local experience would be obtained if a retired Medical Officer of senior rank were appointed, whenever a suitable officer is available.

9. The Committee therefore recommend that the Advisory Committee should be constituted of six members, of whom two should represent the Colonial Office Staff, while the remaining four should represent (*a*) tropical medical research, (*b*) tropical hygiene, (*c*) medical science and practice, and (*d*) general hygiene. They further recommend that if there should be available a retired Medical Officer of senior rank whose occupations permitted him to give the necessary attendance, he should be appointed as an additional member of the Committee.

10. Although the question does not form part of their terms of reference the Committee feel that they may properly be expected to indicate the functions which, in their opinion, should be allotted to the Advisory Committee.

They hold that it is essential that the Advisory Committee should be, as the name implies, a purely advisory body, without any executive or administrative duties. It appears from the evidence that some of the witnesses would have welcomed the creation of a body which would exercise to some extent the powers of a Director-General. In the opinion of the Committee, the chief function of the Advisory Committee would be to consider such questions of a medical or sanitary nature as the Secretary of State may wish to refer to them and to offer him their advice as to the decision which should be taken. Such questions might comprise schemes for drainage and water supply, plans for the prevention, or stamping out, of epidemic disease, bacteriological research, etc.

11. In addition to these, there are certain other duties which the Advisory Committee should undertake, which are dealt with more fully under the appropriate heads of this report, but may be briefly mentioned here. They should advise as to the selection of candidates for the West and East African Medical Staffs, and as to the filling of vacancies by promotion in the senior ranks of the Staff. They should also advise on the courses of study which Medical Officers should be called upon to undertake, before promotion to the higher grade. (This question is dealt with in paragraph 29.)

II.—DUTIES AND ORGANISATION OF THE WEST AFRICAN MEDICAL STAFF.

12. "(*a*) The possibility and desirability of distinguishing between the medical and sanitary duties of the Staff.

(*b*) The establishment of a separate Staff, or branch of the West African Medical Staff, to deal with questions of sanitation."

The Committee are of opinion that it is not possible to make a complete distinction between the medical and sanitary duties of the Staff. In large towns such as Lagos, Accra, and Freetown sanitary duties may properly be assigned to a special officer who should not be called upon to perform any other functions. These officers should possess the D.P.H., or an equivalent qualification; and should not be allowed private practice. But in outstations in the "bush," where the majority of Medical Officers reside, the Medical Officer must also be the Sanitary Officer.

After consideration of the evidence brought before them the Committee consider that the problem of sanitary administration can best be solved by the appointment of a limited number of senior officers of the Staff who would be required to devote themselves to the study of sanitation in West Africa. Their duties would be to advise on all questions connected with sanitation and, especially, to make annual tours of inspection, both in the coast towns and in the out-stations, and to furnish a full report on their tour, containing any recommendations which appeared to them to be desirable, to the Principal Medical Officer. The Principal Medical Officer should be required to transmit these reports to the Governor *in extenso*, with such criticisms and observations as he might desire to make. The reports of the Sanitary Officers with the Principal Medical Officer's remarks should be transmitted by the Governor to the Secretary of State, with his criticisms or remarks. By this means the sanitary needs of each Colony would be made clear, and it would be possible to preserve continuity of administration in sanitation, which is, perhaps, the most important of all West African questions.

The Committee are fully convinced that the Sanitary Officers should be under the control of the Principal Medical Officer and be members of the Medical Department. Professor Simpson, in the memorandum which forms Appendix II. to this report, appears to advocate a large measure of independence for the Sanitary Officers; but the Committee think that such a division of responsibility is undesirable.

13. The Committee recommend that the following sanitary appointments should be made: a Senior and a Junior Sanitary Officer for Northern Nigeria, Southern Nigeria, and the Gold Coast respectively; and a Sanitary Officer for Sierra Leone, who should devote a portion of his time to inspection of the Gambia Colony and Protectorate. They further recommend that these officers should be senior members of the West African Medical Staff, and should hold the D.P.H. or an equivalent qualification, and should not be allowed private practice. The Committee propose to deal with the question of rank and emoluments under Section III. of this report.

In this connexion the Committee also recommend that, in cases where no such provision exists, the staff of the Public Works Department of each colony should be strengthened by the inclusion of officers with special knowledge of sanitary engineering.

14. "(*c*) The creation in the West African Colonies and Protectorates of Boards of Health, or other bodies, to advise the Government on matters connected with public health and sanitation."

The Committee are not in favour of the creation of central Boards of Health to advise the Government on questions of health and sanitation. It appears to them that such Boards must be either of a purely advisory character or possessed of administrative powers; and they are of opinion that in either case a Board would not be desirable. If its functions are to be purely advisory, the Committee feel that it would not serve any purpose which would not be more adequately fulfilled by a consultation between the Principal Medical Officer, his Sanitary Officer, and the Head of the Public Works Department. If, on the other hand, the Board is to possess administrative powers, it appears to the Committee that the functions of the Executive Government will be trenched upon.

15. The Committee are aware that at certain stations such as Sapele, local Boards of Health have done excellent work; and the evidence of the representatives of the commercial community shows that there is a keen desire for hearty co-operation with the Government in all questions of sanitation. The Committee, however, have learnt that there is some danger that such Boards may become obstructive; and they consider that caution should be exercised in creating any new local Boards. Moreover, they are of opinion that the appointment of Sanitary Officers, recommended in paragraph 12 of this report, should tend to remove the necessity for the appointment of new local Boards of Health. These Sanitary Officers would naturally have full powers of inspection over the work done by Boards already in existence; and the Committee recommend that the continued existence of such Boards should depend upon the Sanitary Officers' reports upon their work.

16. "(*d*) Whether a Director General of the West African Medical Staff should be appointed; and, if so, what should be the conditions of the appointment."

On the question whether a Director-General of the West African Medical Staff should be appointed, the Committee have felt some difficulty. The terms of reference implied that an officer holding a post similar to that held by the Director-General of the Royal Army Medical Corps was in contemplation, but the Committee considered that such an appointment was impracticable for the following reasons. A Director-General would presumably possess administrative powers; he would make all arrangements for the posting of officers to their stations, recommend officers for promotion, and supervise the work done by the Principal Medical Officer in each Colony. Such functions would give the Director-General a position of practical independence of the local Administrations, and would prevent the Governors of the Colonies from exercising due control over the Medical Officers in their Administrations. Unless a radical change is to be made in the system of government of the West African Colonies, the positions of the Governor and of the Director-General would be mutually incompatible.

17. The Committee cannot recommend the appointment of a Director-General, but they conceive that, possibly, an officer whose duties would be those of an Inspector was intended by the phrase. They therefore considered the question of the appointment of an Inspector-General, whose functions would be to make tours of inspection in West Africa, to make reports on any medical or sanitary matters which came under his notice during his tours, and to advise the Secretary of State on such questions when at home. The majority of the witnesses were in favour of such an appointment, and from a despatch received from the Governor of the Gold Coast during the sitting of the Committee it would appear that he is inclined to support this view; but the Committee do not think that, for the present at least, it would be practicable. The creation of the post would presumably entail the appointment of a Deputy Inspector-General, who would be called upon for his advice on all questions which might arise during the Inspector-General's periodical absences in West Africa. Indeed it is open to doubt whether these two officers would prove sufficient for the effective discharge of the duties attaching to their position. Considerable expense would be incurred for the salaries of these officers, for they would naturally receive a higher rate of remuneration than that attached to the post of Principal Medical Officer, which, at the highest, is £1,000 a year, rising by £50 a year to £1,200 a year. Again, the Committee are of opinion that an annual conference of Principal Medical Officers (including the Senior Medical Officer of the Gambia), which should be held at one or other of the principal towns and should also be attended by the Senior Sanitary Officer of each Colony, would be of great practical utility in accumulating a common stock of knowledge, and so enabling proposals for the more effective treatment of sanitary problems to be formulated. Such conferences, in conjunction with the reports on their tours of inspection furnished by the Sanitary Officers, would, it is hoped, enable the Advisory Committee to perform the greater part of the advisory duties which would fall to the Inspector-General, while the appointment of the Principal Medical Officers to seats on the Executive Council (as proposed in paragraph 27) would enable those officers to exercise greater influence on questions involving expenditure on sanitary proposals. The only exceptions would be cases in which it was desired to obtain an authoritative opinion on proposals for the carrying out of large sanitary improvements, or undertakings of a similar character, and the Committee consider that such special cases would be better dealt with by the appointment of an expert to proceed to the Colony and report on the proposal, just as Professor Simpson was appointed to take charge of the measures for the repression of the outbreak of plague in the Gold Coast.

The Committee, therefore, do not recommend the appointment of an Inspector-General, but they think that the question might well be kept in view, and considered again when the circumstances of the West African Colonies appear to warrant it.

18. The last point under this section, upon which the Committee were requested to report is "(*e*) The existing relations of the Staff to the Executive Government and its officers; and the official status and position of the Principal Medical Officer in each Colony."

The evidence which has been given before the Committee, as well as the memorial from the Medical Officers serving in Southern Nigeria, which was submitted to the Committee by the Colonial Office, shows that a large amount of discontent exists amongst the members of the West African Medical Staff in respect of their relations towards the administrative officers in the West African service, although the witnesses did not in all cases bear out all the complaints made in the memorial. The Committee understand that the memorial was in a large measure the cause of their appointment.

19. In his reply to the memorial, the Secretary of State laid stress upon the great value of the Medical Department in a tropical Colony, and on the importance of co-operation on the part of the administrative and medical branches. The Committee feel that it is very desirable that this should be carefully borne in mind in considering the question. They have learnt from the witnesses that there have been occasions on which the importance of cordial co-operation has been overlooked, and that in some cases Administrative Officers have regarded the Medical Department as subordinate to them, and liable to be called upon for any duty at the discretion of the Administrative Officer.

20. The Committee recognise that the Administrative Officer in charge of a District is the responsible Head of that District; and that in cases of emergency, he may be required to give direct instruction to the officers of all other departments in the District. But such cases should be rare, and in ordinary circumstances it appears to the Committee that the proper course is for the Administrative Officer to convey his desires or his criticisms of a Medical Officer to that officer's departmental superior, and for the superior officer to deal directly with his subordinate. The Committee especially deprecate the practice of the entering of criticisms by Administrative Officers in hospital visitors' books. Such criticisms should be addressed to the Senior Medical Officer under whom the Medical Officer in charge of the hospital is placed. The Committee observe that the General Orders of the Gold Coast Colony provide that criticisms or instructions should be given through the Head of the officer's department, and they consider that the spirit of this regulation should be observed, except in cases of great emergency.

21. Evidence has been given to the effect that Medical Officers are regarded as having the smallest amount of work, and therefore liable in their leisure hours to perform duties outside those of their profession. Thus the Committee have learnt that Medical Officers in the Gold Coast are frequently called upon to perform, without additional remuneration, the duties of the District Commissioner when that officer is absent from headquarters on tour. One case was mentioned by Professor Simpson in which a Medical Officer stationed at a busy port was so employed for a total of about eight months out of thirteen. Another case came to the notice of the Committee in which a Medical Officer had to go twenty miles to take part in a board of survey on a station treasury. On another occasion the same officer and a native clerk had been directed to carry out the survey, though other officers were available.

The Committee are strongly of opinion that Medical Officers should, as far as possible, be restricted to the performance of duties connected with their profession. They desire to point out that it is of the greatest importance to the improvement of health conditions in West Africa, that clinical observation, original research, and scientific work generally should be carried on; and that, if Medical Officers are employed on other duties during their "leisure hours," no satisfactory work of the kind can be accomplished.

22. Further, it does not appear to be fully realised how important it is that Medical Officers should devote themselves to improving the sanitation, both European and native, of their District. Unless the local Medical Officer is able to take an active part in promoting sanitary reforms, the scheme recommended in paragraph 12 must prove abortive.

The Medical Department might also be a valuable instrument in spreading a better knowledge of sanitation amongst the natives of the less civilised parts of the West African Dependencies, and so bringing them into closer touch with the Government. The Committee have learnt that in one Colony the Medical Officer

is regarded as being appointed solely to look after the Government officers at his station. They consider that this idea should be discouraged. It is, no doubt, the first duty of the Medical Officer to attend officers of his Government; but apart from such attendance, Medical Officers should, in the Committee's opinion, be encouraged to devote themselves to the medical care and instruction of the natives of their District and to research. The health, and consequently the work, of European officers is affected by the sanitary conditions obtaining in the native communities of their districts, as well as by those in the immediate neighbourhood of their quarters. A Medical Officer cannot, therefore, perform his duty to the Government efficiently unless he endeavours to increase the progress of sanitation amongst the natives dwelling in his District.

23. The Committee recommend that when it is necessary that a Medical Officer should act for the Administrative Officer during his absence from headquarters, the Medical Officer should be granted duty pay at the same rate as that drawn by the officer for whom he acts.

24. The Committee, after hearing evidence and examining the official correspondence on the point, cannot resist the conclusion that there have been occasions when the Principal Medical Officer's estimates for drugs and instruments have been reduced below the minimum necessary to the efficient working of the Department. They recommend that it should be a principle to be kept in view by the West African Administrations in considering the estimates submitted by Heads of Departments that these votes should be among the last, if not actually the last, to be reduced. It is unnecessary for the Committee to point out that the absence of an instrument, or a deficiency in the supply of a drug, may turn the scale against the recovery of a patient.

On the other hand, it should be strongly and constantly impressed upon Principal Medical Officers that the adoption of this practice entails upon them a corresponding responsibility for the steady exercise of economy in the preparation of their estimates and indents for drugs and instruments; and that the amount of their estimates is in no way exempt from criticism by the financial advisers of the Colonial Government.

25. The Committee have learnt that paragraph 8 (4) of the Secretary of State's despatch in reply to the memorial from the Medical Officers serving in Southern Nigeria has been interpreted to mean that Medical Officers rank with Assistant District Commissioners. They apprehend that this interpretation cannot fairly be placed upon the words of the despatch which are as follows: "I have to observe that the departmental rank of a District Medical Officer corresponds to that of an Assistant District Commissioner who receives no duty pay." It appears clear to the Committee that this sentence means that a District Medical Officer holds the lowest rank in the Medical Department, just as the Assistant District Commissioner holds the lowest rank in the Political Department; and that on the principle that the lowest rank of officer in each Department receives no duty pay, Medical Officers in Southern Nigeria cannot equitably claim it.

26. The Committee, however, are of opinion that the question of relative rank is one which should be considered; and they recommend that relative rank with officers belonging to other Departments of the service should be given to officers of the Medical Department, on a system by which length of service, salary, and position in the Department should be taken into account.

27. As regards the official position and status of the Principal Medical Officer, the Committee need scarcely emphasise the specially important part which tropical medicine and sanitation must play in the development of the West African Colonies, and they are of opinion that substantial recognition should be accorded to the Head of the Department on whose efforts so much depends.

Further, they wish to point out that the absence of the Principal Medical Officer from the Executive Council tends to make it possible that sanitary schemes involving expenditure may be rejected without due consideration; and that votes for medical necessaries may, as already indicated, be reduced without sufficient

reason. If the Principal Medical Officer had a seat on the Executive Council, the views of the Medical Department on all such questions would be laid before the Government with greater authority, and would carry greater weight.

They therefore recommend that the Principal Medical Officer in each Colony, (including the Senior Medical Officer of the Gambia), should be a member *ex officio* of the Executive Council. And, as they understand that in such cases the officer is also a member of the Legislative Council, they recommend that the Principal Medical Officer should also, *ex officio*, be a member of that Council.

III. EMOLUMENTS.

28. "Whether the existing rates of salary in the various ranks of the Staff are adequate, or whether they should be altered in any way."

The following table shows the scales of salary attached to the various ranks:—

	Gambia.	Sierra Leone.	Gold Coast.	S. Nigeria. N. Nigeria.
P.M.O. - -		£800—£50—£1,000	£1,000 (£200 duty pay)	£1,000—£50—£1,200*
D.P.M.O. - -	—	—	£700—£25—£800	£700—£25— £800
S.M.O. - -	£600—£20—£700	£600—£20— £700	£600—£20—£700	£600—£20— £700
M.O. - -	£400—£20—£500	£400—£20— £500	£400—£20—£500	£400—£20— £500

* In Southern Nigeria £200 duty pay is given.

It will be noticed that all officers of the same rank, with the exception of the Principal Medical Officers, receive the same rates of salary.

The Committee are of opinion that the initial scale of salary of Medical Officers (£400 rising by annual increments of £20 to £500) is adequate; and in this view they are supported by the evidence brought before them. But the evidence also shows that the majority of Medical Officers are not satisfied with their prospects, and that medical men are deterred from becoming candidates for the Staff by the scanty opportunities for promotion and the consideration that unless promoted, they will receive no further increase of salary after six years' service.

There are at present 167 officers of all ranks in the West African Medical Staff, of whom only 21 are in receipt of a salary of £600 or more. Promotion is therefore very slow; and officers may remain for years at a salary of £500 a year, with but little prospect of drawing a higher salary. The Committee are convinced that this state of affairs is largely responsible for the discontent which exists in the Staff, and they consider that the rates of pay should be altered.

29. They recommend that a new grade of Medical Officer should be created with a salary of £500 a year, rising by annual increments of £25 to £600 a year, to which Medical Officers should be eligible for promotion on the following conditions. When a Medical Officer is approaching the maximum salary of his grade (viz., £500 a year), that is, about the end of his fifth year of service in the Staff, a report should be furnished to the Governor by the Principal Medical Officer, stating whether the officer is recommended for promotion to the higher grade of Medical Officer. This report will be transmitted to the Secretary of State by the Governor, with his recommendations. Should the officer be recommended for promotion, he would be required to undergo when he next comes on leave a course of study of not less than three months' duration; and, subject to his obtaining a certificate of satisfactory attendance, diligence, and proficiency, he would be promoted as soon as he had reached the maximum salary of £500.

30. The following example will make the Committee's recommendations quite clear. A is a Medical Officer whose appointment dates from the 2nd of May, 1908. On the 2nd of May, 1913, he will commence to draw a salary of £500 a year. The Principal Medical Officer early in 1913 recommends him for promotion; and the Governor supports the recommendation. Dr. A. arrives in England on leave of

absence in September. Having completed a prescribed course of study he returns to the Colony in March, 1914, and commences to draw £525 a year on the 2nd of May, 1914.

The Committee are of opinion that the conditions above mentioned will prevent the promotion of any officers whose service has not given satisfaction, and will at the same time ensure that deserving officers are not kept indefinitely on a salary of £500 owing to lack of opportunities for promotion. They recommend that Medical Officers who are in receipt of salary on the scale of £500-£25-£600 should be called "1st Class Medical Officers."

31. They recommend that the question of the course of study which must precede promotion shoud be referred to the Advisory Committee, subject to any recommendations which may be made by the local authorities.

And in this connexion they consider that the Advisory Committee may properly be asked to advise the Secretary of State with regard to the selection of officers for promotion to the rank of Senior Medical Officer and higher grades. The reasons given in paragraph 48 for obtaining professional advice with regard to the selection of candidates for appointment, seem also to apply to cases of selection for promotion. For this reason too, it is considered desirable that senior officers on leave should be invited to appear before the Advisory Committee.

32. The Committee consider that the salaries of Senior Medical Officers should remain at the present scale with the exception that the annual increment should be £25 instead of £20. But they recommend that duty pay at the usual rate of 20 per cent. of the initial salary should be granted to all officers of the rank of Senior Medical Officer and higher grades. Duty pay should not be given, in the Committee's opinion, to Medical Officers or 1st Class Medical Officers.

33. The Committee have had before them a despatch from the Governor of Southern Nigeria recommending that the Senior Medical Officers in charge of the Eastern and Central Provinces of that Colony, should be granted salary on the scale of £700-£25-£800 with duty pay of £140 a year, in recognition of the large amount of responsibility which devolves upon them. The Committee are fully in sympathy with this view, and they consider that the arguments adduced in favour of the proposal apply with equal force to the case of the Senior Medical Officers in charge of Ashanti and the Northern Territories of the Gold Coast.

They therefore recommend that a new grade of Senior Medical Officer, to be called 1st Class Senior Medical Officer, should be created, with salary at the rate mentioned in the preceding paragraph, and that the grade should be limited to the four officers in charge of Ashanti, the Northern Territories and the Eastern and Central Provinces of Southern Nigeria. No recommendation is made with regard to the Western Province of Southern Nigeria since the Committee understand that it is in the administrative charge of the Deputy Principal Medical Officer.

34. The Committee recommend that the Senior Sanitary Officers whose appointment is suggested in paragraph 13 of their report should be ranked with, and draw the same scale of salary as, 1st Class Senior Medical Officers; and that the Junior Sanitary Officers should rank with, and draw the same scale of salaries as, Senior Medical Officers. They suggest that the Sanitary Officers should be called "Senior Sanitary Officer" and "Sanitary Officer" respectively.

35. The Committee are further of opinion that, in view of the importance of the Deputy Principal Medical Officers, the salary of the appointment, £700-£25-£800, is not adequate; and they recommend that the salary should be fixed at £800-£25-£900 a year, with duty pay at the rate of £160 a year.

36. The Committee think that duty pay on the usual scale should be given to all Principal Medical Officers. They observe that this is already the case in the Gold Coast and Southern Nigeria.

37. The Committee see no reason to suggest any alteration in the scale of the special gratuities which may be granted to officers of the Staff after nine or twelve years' service.

38. The question of the pensions which can be earned by Medical Officers has been carefully considered. The Committee would point out that, if the scales of salary recommended above are adopted, the effect will be automatically to increase the amount of pension which an officer can earn. They think it advisable to state that in the computation of pensions the value of free quarters is taken into account at the following rates:—

An addition of £40 is made to the pensionable emoluments of an officer whose salary does not exceed £400.

An addition of £50 is made when the officer's salary exceeds £400 but does not exceed £500.

An addition of £60 is made when the salary exceeds £500 but does not exceed £700.

An addition of £70 is made when the salary exceeds £700 but does not exceed £900.

An addition of £80 is made when the salary exceeds £900.

On the present scale an officer after 18 years' service, of which about 13 will have been spent in actual service in West Africa, if he should not have attained a higher rank than that of 1st Class Medical Officer will be entitled to a pension of £297.

Having regard to the fact that the recommendations which they have already made will entail a very considerably increased expenditure upon the Colonial Governments concerned; to the financial position of those Colonies; and to the importance to the Medical Officers of an improvement in their present salaries as compared with an increase of pension; the Committee are unable to recommend any change in the present scale of pensions. In arriving at this decision they have been greatly influenced by the difficulty which they are assured would arise in dealing with other Departments of the Service if a distinct and more liberal scale of pensions was applicable to the Medical Staff alone.

39. The question of private practice has also been considered. The Committee have learnt that in the great majority of stations little or no private practice exists; they think that it would be advisable to make this clear to intending candidates; and they therefore suggest that a paragraph should be inserted in the pamphlet, African (West) No. 678,* to the following effect:—"Private practice does not exist at the majority of stations, and no guarantee can be given that an officer will be posted to a station in which he will be able to practise privately. As a general rule, and subject to the exigencies of the service, stations where there is private practice are allocated to senior members of the Staff."

40. The last question in connexion with emoluments which has been brought before the Committee, is whether Medical Officers should be permitted to charge a fee for attendance in hospital on private patients. The evidence which has been given by representatives of the trading community, as well as by members of the Staff, leave no doubt in the mind of the Committee, that Medical Officers should be permitted to charge fees for such attendance. They wish to state that by "private patient" they understand a person, not a Government servant, from whom a Medical Officer might properly demand a fee if he attended the patient at his residence. The Committee recommend the adoption of the following standing order:—

"When a person is admitted into a Government hospital as a private patient, such person shall pay to the Medical Officer whose patient he is a reasonable fee for medical attendance in hospital, except that in cases when the patient's employers have a contract with the Medical Officer for attendance on their employees, no additional fee shall be charged.

In the event of a dispute as to the reasonableness of the fee, the matter shall be referred to the Principal Medical Officer for his decision; and if the patient disputes the decision, it shall be referred to the Governor for final settlement."

It appears to the Committee that such a standing order would enable the Medical Officer to receive fees, and at the same time prevent the possibility of unduly large fees being charged.

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* See paragraph 57 of this Report.

IV.—STUDY LEAVE.

41. "The Committee should consider the existing arrangements with regard to the grant of leave to members of the Staff for purposes of study, and, generally, the provision of facilities for scientific research, including the question of creating special posts for this purpose."

The existing arrangements with regard to the grant of leave to members of the West African Medical Staff for purposes of study are, briefly, that officers may be granted, on the recommendation of the Principal Medical Officer supported by the Governor, an extension of their leave of absence with half salary. The practice, which does not appear to be based on any definite ruling, has been that in such cases officers are not granted any allowances, nor are the fees for tuition paid on their behalf. In this respect Medical Officers are not treated in the same way as other officers, who, when they undergo a course of instruction recommended by the Governor of their Colony, are granted the fees for tuition together with their railway fares to and from the place of instruction, and a lodging allowance of 2s. 6d. a night. These payments, however, are made subject to the acquisition of a certificate from the instructional authorities stating that the officer's attendance has been satisfactory, that he was diligent, and that he has shown proficiency in the subject which he was studying.

42. The Committee desire to distinguish between the courses of study which it has been suggested in paragraph 29 should be undertaken by all Medical Officers recommended for promotion to 1st Class Medical Officer, and other courses of study. In the former case they recommend that, subject to the production of a certificate on the lines indicated in the preceding paragraph, the fees for the course should be paid on the officer's behalf, and the usual railway fares and lodging allowance should be granted. Extensions of leave should be granted on the same terms as to officers who are required to take a course at the School of Tropical Medicine during their first leave of absence; that is, the officer should be allowed two clear months for purposes of recreation. Any extension of leave which may be considered advisable, either to enable the officer to complete his course, or to give him a period for recreation, should be granted with full salary.

43. In the case of other courses of instruction, which an officer may wish to undertake, and which the Governor of his Colony recommends in the interests of the public service, the fees and allowances should be paid, but any extension of leave which may be granted, should be, as at present, on half salary. If an officer desires to take a course of study which the Governor does not recommend, no fees or allowances should be given to him, and if any extension of leave is granted, it should be without salary. The Committee desire to add that, with a view to the creation of a regular supply of Medical Officers qualified to fill sanitary appointments, Medical Officers with any aptitude for sanitary work should be encouraged to take the D.P.H. or an equivalent qualification.

44. The Committee were also asked to consider the provision of facilities for scientific research, including the question of creating special posts for this purpose. They recognise that a great step has been taken in this direction by the establishment of the Lagos Medical Research Institute, of which, in their opinion, great use can, and should, be made by the other West African Colonies. But they think that it is necessary that there should be established, at least in the larger Colonies, small local laboratories for research work and routine analyses to which officers of the Staff should be detailed for duty. In the event of a suspected outbreak of plague, *e.g.*, in Northern Nigeria, much time would necessarily be wasted before the suspicion could be verified or refuted by examination at Lagos. For this reason, if for no other, local laboratories appear to be very desirable. Further, if the proposals made in the next paragraph were adopted, it seems to the Committee that in a few years time the West African Colonies would possess amongst the ranks of the West African Medical Staff, a large number of men intimately acquainted with the latest developments of bacteriology and kindred subjects, who would be competent to deal effectually with any problems of disease which might arise.

45. The Committee therefore recommend that in the Gold Coast, Sierra Leone, and Northern Nigeria, small local laboratories should be provided at a leading station, preferably the capital of the Colony. Officers might be selected for a tour of duty as officer in charge of the laboratory: at the expiration of the leave of absence consequent on his tour, the officer could be seconded for duty at the central Lagos Research Institute receiving salary from the funds of his own Colony; and another officer selected for duty at the local laboratory. After a tour of duty at Lagos the officer could return to his Colony, and there either be absorbed in the Staff, or undertake further research work as might appear most desirable.

In the case of Southern Nigeria the officer would either revert to ordinary duty or continue to work at the Institute.

During the period of duty at Lagos or the local laboratory, the officer seconded would receive the pay of his rank.

The Committee are aware that this proposal would probably involve a slight increase in the numbers of the Medical Officers employed in each Colony, but they are of opinion that the ultimate benefit to the Colony which would result from the training undergone by the seconded officers would outweigh the additional expense incurred.

46. The Committee consider that if this proposal is adopted there will be no need to create special posts for the purpose of scientific research.

V.—RECRUITMENT.

"(*a*) Whether medical men should be admitted to the Staff by competitive examination, or whether the present system of admission by nomination should be retained; if the latter;

(*b*) Whether any modification of the present system is desirable; and

(*c*) Whether the notice of medical men should be drawn to vacancies in the Staff by advertising such vacancies."

47. After hearing a good deal of evidence upon the subject, the Committee do not recommend that, for the present at least, medical men should be admitted to the Staff by competitive examination. Considerable difficulty is experienced in obtaining a sufficient supply of suitable candidates to fill vacancies in the Staff.

The Committee hope that the improvement of the conditions of service recommended in their report, will result in increasing the number of desirable candidates for the Staff; and in that event they see no reason why the question should not be considered by the Advisory Committee.

48. They think, however, that some modification of the present system is desirable. Candidates for appointment to the Staff are now required to fill up a form of application in which details of their past history are stated: they are further obliged to produce testimonials and to name two referees, to whom inquiries may be addressed. In addition to this, candidates are asked to call on the Private Secretary to the Secretary of State, in order that some impression may be formed of the candidates' personal qualifications. The Committee observe that, in all cases, the examination of a candidate's suitability for appointment is conducted by a layman. They are of opinion that it would be to the interests of the public service if the Secretary of State were assisted in the selection by professional advice. It appears to the Committee that the creation of an Advisory Committee would enable the Secretary of State to avail himself of medical advice on the selection of candidates, but they recognise that there would be considerable difficulty in obtaining the views of the full Advisory Committee upon candidates' qualifications: and they think that it would not be necessary that the full Committee should advise upon questions of selection.

Although the terms of reference do not warrant the Committee in making the recommendation, they are given to understand that no objection would be raised if

a small sub-committee consisting of two medical members of the Advisory Committee and one of the Private Secretaries to the Secretary of State, with the addition (if thought desirable) of another member of the staff of the Colonial Office, were entrusted with the task of advising the Secretary of State as to selection of candidates for medical appointments in all the Crown Colonies. Without the inclusion of the Crown Colonies and Protectorates outside West Africa, it is difficult to see how the arrangement would be made to work. They therefore recommend that such a sub-committee should advise the Secretary of State with regard to the selection of candidates for all medical appointments.

The Committee learnt from the evidence and from other sources of information that the existence of, and conditions of service in, the West African Medical Staff were practically unknown to the greater number of men who were about to enter for their final examination, or had recently become qualified. It is possible also that some, to whom they were known, may have been prevented from becoming candidates by the idea that it was necessary, in order to obtain a nomination, to secure the assistance of some person of influence. A very distinguished medical witness was found to be under this impression, for which it is hardly necessary to state there has never been any foundation.

49. The Committee do not consider it necessary to make detailed recommendations as to the method of procedure to be adopted by the sub-committee in connexion with the selection of candidates for medical appointments. They are convinced, however, that it is desirable that vacancies in the Staff should be brought more prominently before the notice of medical students and medical men by advertising and otherwise. The Committee understand that a large number of applications were received in reply to advertisements, authorised by the Colonial Office, calling for medical men to serve temporarily in the Gold Coast in connexion with the recent outbreak of plague. The form and frequency of the advertisements to be issued may with advantage be left for the Advisory Committee to consider in consultation with the Private Secretary. The Committee desire, however, to recommend that reference should be made in the advertisements to the existence of medical posts in other Colonies.

50. The Committee further recommend that the travelling expenses incurred by intending candidates when asked to call in connexion with their interviews with the sub-committee should be refunded. They suggest that all such expenses should be charged to a suspense account. If a candidate is selected for appointment his travelling expenses should be borne by the Colony to which he was posted. The travelling expenses of rejected candidates would be borne by the Colonies in proportion to the number of officers appointed to each Colony in the year.

51. The Committee desire to add that, in their opinion, it would be advantageous to distribute to the principal Medical Schools information concerning not only the West African Medical Staff, but also the climate of East and West Africa. It appeared from evidence placed before the Committee that somewhat exaggerated ideas of the unhealthiness of West Africa exist in certain quarters. The Committee are of opinion that vital statistics of the European official population of West African Colonies might be circulated to medical schools periodically, together with information concerning the Staff.

52. There are certain other matters which have been referred to the Committee by the Colonial Office which do not form part of the terms of reference; and there are certain questions which were raised by the evidence, on which the Committee think that they may properly offer an opinion.

A.—EMPLOYMENT OF NATIVES OF WEST AFRICA AND INDIA AS MEDICAL OFFICERS.

53. The Committee find that the witnesses who had local experience, were practically unanimous in deprecating the appointment of natives of West Africa or

of India to the West African Medical Staff. On this matter the Committee desire to express their concurrence in the views stated in paragraphs 20-23 of the report of the Committee appointed to discuss a scheme for the amalgamation of the medical services in the West African Colonies and Protectorates (African (West) No. 674).* They think it, however, desirable to add that the question of the employment of West African natives as a Subordinate Medical Service on the lines of the Indian Subordinate Medical Service deserves consideration. The question is one which might fitly be referred in the first instance to the conference of Principal Medical Officers suggested in paragraph 17.

B.—THE DESIGNATION OF THE WEST AFRICAN MEDICAL SERVICE.

54. The Committee were asked to consider whether the title "West African Medical Staff" should be retained, or whether the word "Service" should be substituted for "Staff." So far as the Committee are able to judge the name "Staff" was suggested by the Committee whose report is referred to above, because at that time the question of obtaining military rank for Medical Officers was seriously considered. That question has now been decided in the negative. On the other hand the name "West African Medical Staff" has been in use for the last seven years, and since the publication of the Staff List, is becoming more widely known. On the whole the Committee are of opinion that there is no sufficient reason to change the name, and recommend the retention of the title as it stands at present.

C.—UNIFORM.

55. A proposal has been made that there should be a distinctive uniform for all officers of the Staff irrespective of the Colony in which they are serving. As, however, the Committee gather that a considerable proportion of Medical Officers object to wear uniform, they do not consider that in these circumstances any good would result from the adoption of a distinctive uniform for the Staff.

D.—INFORMATION FOR CANDIDATES.

56. One of the witnesses laid considerable stress on the fact that candidates were not aware from the information supplied to them that it is possible for an officer to be transferred from West Africa to another Colony: and he stated also that officers were under the impression that if they were transferred they lost any claim to pension in respect of their service in West Africa. The witness was strongly of opinion that reassuring information on these points would lead to an increase in the number of candidates.

57. The Committee are of opinion that some reference might be made to these questions in the pamphlet of information for candidates for the West African Medical Staff (African (West) No. 678), but they are informed that transfers of Medical Officers from West Africa are of very infrequent occurrence, and that in some cases medical appointments in other Colonies are not pensionable. They therefore recommend that the following information should be added to the pamphlet:—

"Candidates should on no account apply for or accept a West African appointment in the expectation of ultimately being transferred elsewhere as the number of opportunities for such transfer is exceedingly small. No applications for transfer can be entertained until an officer has served for five years in West Africa, and officers desiring to be transferred must be prepared to find that medical salaries in other Colonies are lower than in East or West Africa. Only a small proportion even of applicants who satisfy these conditions succeed in obtaining transfer."

"Officers of the West African Medical Staff who may be transferred to appointments under the Crown elsewhere than in West Africa do not forfeit their claim for pension in respect of their West African service on final retirement."

* Colonial Office Note.—The paragraphs in question are printed as Appendix III. to this Report.

58. The Committee desire to take this opportunity of expressing their appreciation of the energy, capability, and cheerfulness, with which the duties of Secretary have been discharged by Mr. J. R. W. Robinson, whose thorough and detailed knowledge of the *personnel* and organisation of the West African Medical Staff has been of the greatest assistance.

H. J. READ, *Chairman.*

THEODORE THOMSON.

W. H. LANGLEY.

J. KINGSTON FOWLER.

ALEX. FIDDIAN.

HARRY C. W. VERNEY.

J. R W. ROBINSON,
Secretary.

23rd February, 1909.

APPENDIX I.

List of Witnesses.

Dr. A. H. Barclay, Senior Medical Officer, Nyasaland.

Surgeon-General A. M. Branfoot, Indian Medical Service.

Dr. H. L. Burgess, Medical Officer, Southern Nigeria.

Dr. A. J. Chalmers, Registrar of the Ceylon Medical College, late Medical Officer, Gold Coast.

Mr. H. C. Cotterell, Chairman, African Association.

Dr. J. Currie, Medical Officer, Southern Nigeria.

Dr. C. W. Daniels, Director, London School of Tropical Medicine.

Dr. G. F. Darker, late Medical Officer, Southern Nigeria.

Sir Walter Egerton, K.C.M.G., Governor of Southern Nigeria.

Dr. J. P. Fagan, Deputy Principal Medical Officer, Northern Nigeria.

Dr. R. M. Forde, Principal Medical Officer, Sierra Leone.

Professor John Glaister, Dean of the Faculty of Medicine, Glasgow University.

Dr. St. G. Gray, Senior Medical Officer, Southern Nigeria.

Dr. T. Hood, Senior Medical Officer, Gambia.

Surgeon-General Sir A. Keogh, K.C.B., Director-General, Royal Army Medical Corps.

Mr. R. Lenthall, Niger Company, Limited.

Mr. M. H. McNeill, Messrs. Miller Brothers.

Sir Patrick Manson, K.C.M.G., M.D., F.R.S., Senior Lecturer, London School of Tropical Medicine.

Dr. E. E. Maples, Medical Officer, Southern Nigeria.

Mr. P. Michelli, C.M.G., Secretary, London School of Tropical Medicine.

Mr. L. H. Moseley, Manager, Bank of Nigeria.

Major R. Ross, C.B., F.R.S., Professor of Tropical Medicine in the University of Liverpool.

Mr. A. E. Shipley, F.R.S., Lecturer in Advanced Morphology in the University of Cambridge, (representing the Cambridge University Appointments Board).

Professor W. J. Simpson, M.D., &c., Professor of Hygiene, King's College, London, and Lecturer in Tropical Medicine at the London School of Tropical Medicine.

Lieut.-Col. J. Will, R.A.M.C., Principal Medical Officer, East Africa Protectorate.

APPENDIX II.

MEMORANDUM ON THE SANITARY ORGANIZATION REQUIRED FOR WEST AFRICA, by Professor W. J. SIMPSON, M.D., etc.

The reasons for the creation of a special sanitary organization are:—

I. The insanitary condition of the coast towns and inland trade centres even where sanitary measures have been most active.

II. The imperative need of improvement in order to secure better health for the European officials and traders; and, in order to preserve the African inhabitants whose numbers have not yet recovered from tribal wars, slavery, and smallpox.

III. The impossibility of effecting permanent and important improvements, and when effected maintaining them without an organisation whose duty is to initiate and advise the Government as to improvements, and when sanctioned to see that they are properly carried out. Without an organization no proper inspection of out-stations and native towns can be systematically carried out, recommendations have not the weight they would otherwise possess, and money is wasted, full value being seldom obtained for the expediture.

Everyone is a sanitarian in West Africa, the result is that drains are constructed that are useless or not as useful as they might have been for the money spent on them; houses are built that are unhealthy or are trying to live in. Towns are allowed to grow up from villages without any forethought as to development and growth, the result being often a most insanitary condition that nothing but costly demolition will remedy or remove. Places become or continue to be malarious, because there is no organization or controlling agent to prevent it.

IV. To check and control the risk of importation of disease and its transportation from place to place, which increases with that movement of population, especially of traders and labourers which has attended the great awakening of West Africa in trade activity. Apart from the prevalence of malaria and tuberculosis, other diseases, such as yellow fever, sleeping sickness, smallpox, cerebro-spinal disease, and plague have to be carefully watched, and measures taken to prevent their spread. Besides this inter-provincial and inter-colonial risk of infection, there are risks arising from the increasing trade of West Africa with European ports. Cholera is a disease from which West Africa has hitherto been free, and owing to the bad water supply in the country generally, it is of the highest importance that every precaution shall be taken to prevent the introduction of a disease which would be more destructive than plague.

V. To ensure a continuous policy.

SANITARY ORGANIZATION.

1. A Sanitary Commissioner and Deputy Sanitary Commissioner for each Colony except Sierra Leone, which might be combined with the Gambia.

2. A central Board of Health for each Colony, on which should be

The P.M.O. as President.
The Sanitary Commissioner } Members.
The Director of Public Works }

Under the Director of Public Works there should be a sanitary engineer.

3. The appointment of the Principal Medical Officer as an ex-officio member of the Executive or Legislative Council to secure due consideration of sanitary measures advised by the central Board of Health as well as medical matters.

4. Special health officers for certain towns and districts. Thus, a health officer for Lagos and its suburbs, a health officer for Accra and the district behind it, a health officer for Sekondi and its district, including Tarquah, and a health officer for Freetown and its suburbs.

5. The recognition of the Medical Officer of the station other than any one of those mentioned in paragraph 4 as health officer, and in sanitary matters under the orders of the Sanitary Commissioner and Deputy Sanitary Commissioner.

6. The training of a Subordinate Medical Service for the duties of assistant medical officers of health, medical inspectors, vaccinators, and sanitary inspectors and assistants in laboratories.

7. The appointment of young and qualified engineers in place of many of the foremen of works, at all events, for sanitary work. The young engineers should have a training in sanitary work before appointment. Native assistant engineers might also be trained in West Africa.

8. In each Colony there should be a small laboratory for analysis of water, food, and drink, and for bacteriological examination relating to diagnosis and the prevention of disease.

9. An Inspector-General to link the whole with the Colonial Office.

APPENDIX III.

II. EMPLOYMENT OF NATIVES OF (*a*) WEST AFRICA, AND (*b*) INDIA, AS MEDICAL OFFICERS.

20. The Committee are strongly of opinion that it is in general inadvisable to employ natives of West Africa as medical officers in the Government service. They regard it as the duty of the British Governments in West Africa to provide the best medical assistance in their power for their European employés, especially when stationed in the bush or at out-stations; and they do not believe either that in professional capabilities West African native doctors are on a par, except in very rare instances, with European doctors, or that they possess the confidence of European patients on the Coast. Social conditions, particularly in Southern Nigeria, where European officers live together and have their meals in common under the "mess" system, and in Northern Nigeria, where a large proportion of the European staff consists of officers of the regular army, make it extremely undesirable to introduce native medical officers into those Protectorates. They have already been tried in Southern Nigeria without success.

21. It is possible that in a few isolated cases, *e.g.*, at hospitals where the patients are always or practically always natives, it may be desirable to employ a native doctor, but such cases may be regarded as exceptional, and may be left to the discretion of the local Governments.

22. As regards natives of India, the Committee are, for similar reasons, not in favour of their employment, although they are not in a position to advise so definitely on this point, as the experiment has scarcely yet had sufficient trial.

23. In any case the Committee are certainly of opinion that if natives either of West Africa or of India are employed, they should be put into a separate roster, that they should not be employed on military expeditions, and that European officers should in no circumstances be placed under their orders.